PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUL FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica | correspondence includir ed below or directed oth | or the Patent | advance o | rders and notification | of ma | aintenance ondence a | tees warddress; | ill be n and/or | (b) indicating a sepa | correspond rate "FEE | ADDRESS" for | |
|---|---|--------------------------------|---------------------------|--|----------|---|----------------------|--------------------|--|-------------------------|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | |
| 43963 7590 06/22/2010 Cartificat | | | | | | | | | of Mailing or Trans | niccian | | |
| ZIMMER TECHNOLOGY - BAKER & DANIELS 111 EAST WAYNE STREET, SUITE 800 FORT WAYNE, IN 46802 | | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | |
| | | Br | ian S. | Bai | ley | | (Depositor's name) | | | | | |
| | | Bur S | | | Bo | | (Signature) | | | | | |
| | | September 21, 2010 | | | | | (Date) | | | | | |
| APPLICATION NO. | FILING DATE | | | FIRST NAMED INVEN | √TOR | OR A | | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. | |
| 10/750,615 12/30/2003 | | | | Daniel F. Justin ZIM0763 | | | | ZIM0763 | 8943 | | | |
| TITLE OF INVENTION | I: TIBIAL CONDYLAR | | | PREPARATION IN | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FE | EE DUE | PUBLICATION FEE I | DUE | PREV. PAID ISSU | | | | | ATE DUE | |
| nonprovisional | NO | \$15 | 10 | \$300 | | : | \$0 | | \$1810 | 09 | 9/22/2010 | |
| EXAMINER | | | INIT | CLASS-SUBCLAS | S | | | | | | | |
| RAMANA, ANURADHA 3775 | | | | 606-088000 | | | | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | | 2. For printing on the patent front page, list (1) the pages of up to 3 registered patent attorneys 1 BAKER & DANIELS LLP | | | | | | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | or agents OR, alternatively, (2) the name of a single firm (having as a member a | | | | | | | | |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRI | NTED ON | THE PATENT (print | or type | :) | | | | | | |
| PLEASE NOTE: Uni | less an assignee is ident h in 37 CFR 3.11. Com | ified below, a bletion of this | no assignee form is NO | data will appear on to T a substitute for filing | the pat | ent. If an ssignment. | assigne | e is ide | entified below, the do | cument ha | is been filed for | |
| (A) NAME OF ASSI | (B) RESIDENCE: (| | | | | | | | | | | |
| Zimm | Warsaw | , In | diana | USA | | | | | | | | |
| Please check the appropr | riate assignee category or | categories (w | ill not be p | rinted on the patent): | ום | ndividual | Cor | rporatio | on or other private gro | up entity | Government | |
| 4a. The following fee(s) | are submitted: | | 41 | | | e first reap | oply an | y previ | ously paid issue fee s | hown abo | ve) | |
| Issue Fee | No small entity discount p | normitted) | | A check is enclo | | Form PT(| 7-2038 | ie attac | hed | | | |
| Advance Order - | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number02_0385_ (enclose an extra copy of this form). | | | | | | | | | | | |
| | | | | overpayment, to | Deposi | t Account | Number | -02 | _0385_ (enclose ar | extra cop | y of this form). | |
| Change in Entity Sta a. Applicant claim | i tus (from status indicate is SMALL ENTITY stati | | R 1.27. | ☐ b. Applicant is n | o longe | er claiming | SMAL | L ENT | ITY status. See 37 CF | R 1.27(g)(| 2). | |
| NOTE: The Issue Fee an | d Publication Fee (if req records of the United Sta | uired) will no | t be accepte | d from anyone other t Office. | han the | applicant; | ; a regis | tered a | ttorney or agent; or the | e assignee | or other party in | |
| Authorized Signature | Bins | Bail | | | | Date | | Sep | tember 21, 2 | 010 | | |
| •• | e Brian S. | | , | | | | | | 63,788 | | MANUFACTURE TO THE PARTY OF THE | |
| This collection of inform | nation is required by 37 C | FR 1.311. Th | e information | on is required to obtain | n or ret | tain a bene | fit by th ke 12 m | e publi inutes | c which is to file (and to complete, including | by the US | PTO to process) , preparing, and | |

an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.